

Initial Application Date: 12/19/18

Application # BRES1812-0022

COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION
Central Permitting 108 E. Front Street, Lillington, NC 27546 Phone: (910) 893-7525 ext:2 Fax: (910) 893-2793 www.harnett.org/permits

\*\*A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION\*\*

LANDOWNER: Claudia + Andre Lefflang Mailing Address: 128 Reserve Dr
City: Fuquay Varina State: NC Zip: 27526 Contact No: 704-363-6732 Email:

APPLICANT: Anthony + Sylvan Poels Leah Mailing Address: 9201 C Southern Pine Blvd
City: Charlotte State: NC Zip: 28273 Contact No: 704-525-1100 x4820 / 704-773-4426 Email: LeahPoelsPermits@yahoo.com

CONTACT NAME APPLYING IN OFFICE: Leah Tellier Phone # 704-773-4426
ADDRESS: 128 Reserve Dr, Fuquay Varina PIN: 0645 57 4234 000

DEED OR OTP:

PROPOSED USE:

- SFD: (Size x ) # Bedrooms: # Baths: Basement(w/wo bath): Garage: Deck: Crawl Space: Slab: Monolithic Slab:
Mod: (Size x ) # Bedrooms # Baths Basement (w/wo bath) Garage: Site Built Deck: On Frame Off Frame
Manufactured Home: SW DW TW (Size x ) # Bedrooms: Garage: site built? Deck: site built?
Duplex: (Size x ) No. Buildings: No. Bedrooms Per Unit:
Home Occupation: # Rooms: Use: Hours of Operation: #Employees:
Addition/Accessory/Other: (Size 16 x 35) Use: Inground Pool 16x35 Closets in addition? yes no

Water Supply: County Existing Well New Well (# of dwellings using well ) \*Must have operable water before final

Sewage Supply: New Septic Tank Expansion Relocation Existing Septic Tank County Sewer
(Complete Environmental Health Checklist on other side of application if Septic)

Does owner of this tract of land, own land that contains a manufactured home within five hundred feet (500') of tract listed above? yes no

Does the property contain any easements whether underground or overhead yes no

Structures (existing or proposed): Single family dwellings: existing Manufactured Homes: Other (specify):

If permits are granted I agree to conform to all ordinances and laws of the State of North Carolina regulating such work and the specifications of plans submitted. I hereby state that foregoing statements are accurate and correct to the best of my knowledge. Permit subject to revocation if false information is provided.

Signature of Owner or Owner's Agent

12/19/18 Date

\*\*\*It is the owner/applicants responsibility to provide the county with any applicable information about the subject property, including but not limited to: boundary information, house location, underground or overhead easements, etc. The county or its employees are not responsible for any incorrect or missing information that is contained within these applications.\*\*\*

\*This application expires 6 months from the initial date if permits have not been issued\*

APPLICATION CONTINUES ON BACK

strong roots • new growth

strong roots • new growth

**\*This application expires 6 months from the initial date if permits have not been issued\***

**\*This application to be filled out when applying for a septic system inspection.\***

**County Health Department Application for Improvement Permit and/or Authorization to Construct**

IF THE INFORMATION IN THIS APPLICATION IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN THE IMPROVEMENT PERMIT OR AUTHORIZATION TO CONSTRUCT SHALL BECOME INVALID. The permit is valid for either 60 months or without expiration depending upon documentation submitted. (Complete site plan = 60 months; Complete plat = without expiration)

**Environmental Health New Septic System**

- **All property irons must be made visible.** Place "pink property flags" on each corner iron of lot. All property lines must be clearly flagged approximately every 50 feet between corners.
- Place "orange house corner flags" at each corner of the proposed structure. Also flag driveways, garages, decks, out buildings, swimming pools, etc. Place flags per site plan developed at/for Central Permitting.
- Place orange Environmental Health card in location that is easily viewed from road to assist in locating property.
- If property is thickly wooded, Environmental Health requires that you clean out the undergrowth to allow the soil evaluation to be performed. Inspectors should be able to walk freely around site. **Do not grade property.**
- **All lots to be addressed within 10 business days after confirmation. \$25.00 return trip fee may be incurred for failure to uncover outlet lid, mark house corners and property lines, etc. once lot confirmed ready.**

**Environmental Health Existing Tank Inspections**

- Follow above instructions for placing flags and card on property.
- Prepare for inspection by removing soil over **outlet end** of tank as diagram indicates, and lift lid straight up (*if possible*) and then **put lid back in place.** (Unless inspection is for a septic tank in a mobile home park)
- **DO NOT LEAVE LIDS OFF OF SEPTIC TANK**

**\*MORE INFORMATION MAY BE REQUIRED TO COMPLETE ANY INSPECTION\***

**SEPTIC**

If applying for authorization to construct please indicate desired system type(s): can be ranked in order of preference, must choose one.

- Accepted       Innovative       Conventional       Any  
 Alternative       Other \_\_\_\_\_

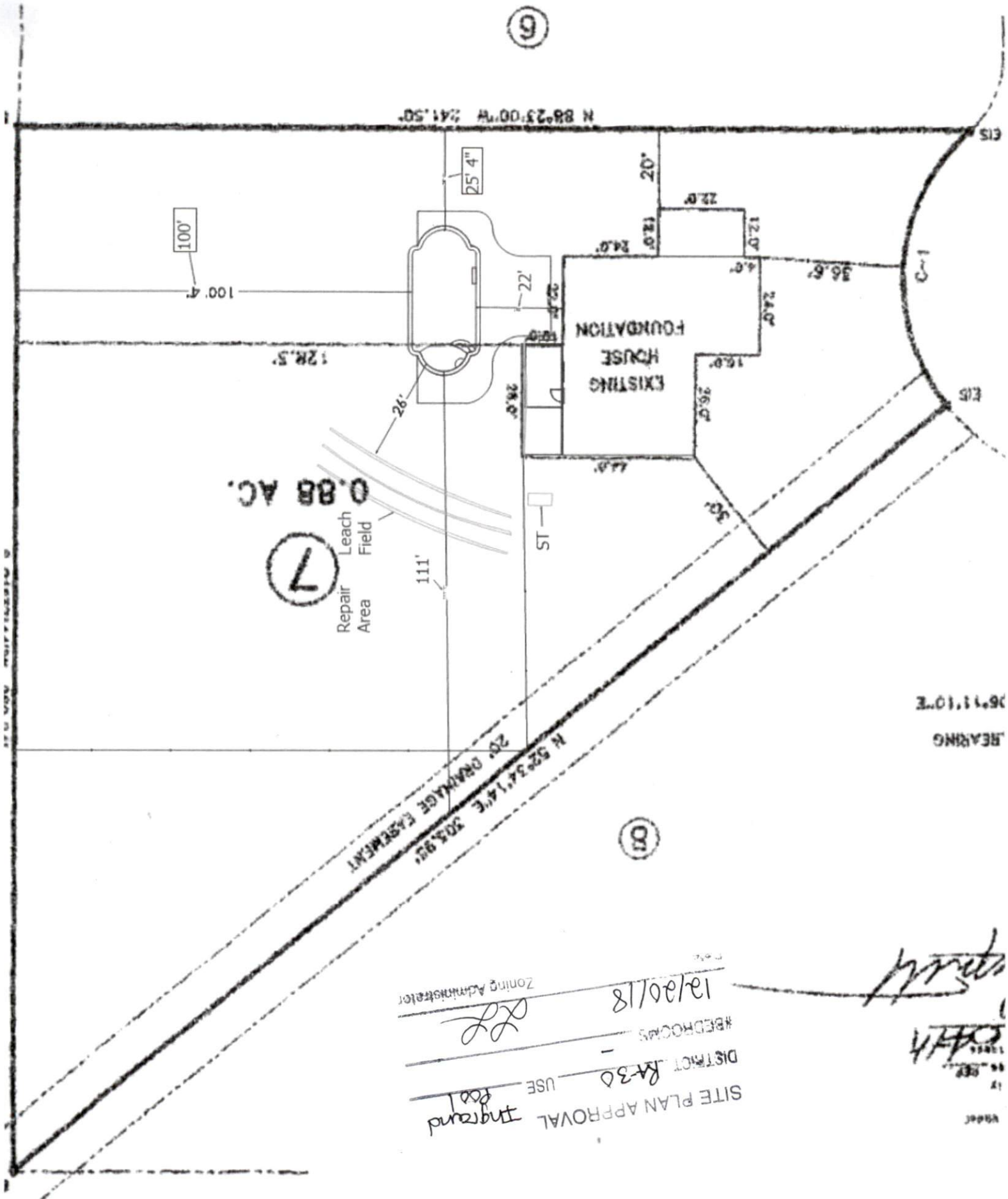
The applicant shall notify the local health department upon submittal of this application if any of the following apply to the property in question: If the answer is "yes", applicant **MUST ATTACH SUPPORTING DOCUMENTATION**:

- YES     NO    Does the site contain any Jurisdictional Wetlands?  
 YES     NO    Do you plan to have an irrigation system now or in the future?  
 YES     NO    Does or will the building contain any drains? Please explain. \_\_\_\_\_  
 YES     NO    Are there any existing wells, springs, waterlines or Wastewater Systems on this property?  
 YES     NO    Is any wastewater going to be generated on the site other than domestic sewage?  
 YES     NO    Is the site subject to approval by any other Public Agency?  
 YES     NO    Are there any Easements or Right of Ways on this property?  
 YES     NO    Does the site contain any existing water, cable, phone or underground electric lines?

If yes please call No Cuts at 800-632-4949 to locate the lines. This is a free service.

**I Have Read This Application And Certify That The Information Provided Herein Is True, Complete And Correct. Authorized County And State Officials Are Granted Right Of Entry To Conduct Necessary Inspections To Determine Compliance With Applicable Laws And Rules. I Understand That I Am Solely Responsible For The Proper Identification And Labeling Of All Property Lines And Corners And Making The Site Accessible So That A Complete Site Evaluation Can Be Performed.**





HEARING  
26.11.03

SITE PLAN APPROVAL  
 Ingrand  
 USE  
 DISTRICT R-30  
 #BEDROOMS  
 12/20/18  
 Zoning Administrator

[Handwritten signature]  
 [Stamp: 11 FEB 2019]  
 [Stamp: 11 FEB 2019]





HTE# 17-5-439212a

# Harnett County Department of Public Health

25179

PERMIT # 29800

## Operation Permit

New Installation  Septic Tank  Nitrification Line  Repair  Expansion

PROPERTY LOCATION: 129 Rescoe Dr. (Rutins Rt 50 1415)

Name: (owner) Cummond Homes Inc SUBDIVISION The Rescoe LOT # 7

System Installer: Ted Brown Registration # \_\_\_\_\_

Basement with plumbing:  Garage  Number of Bedrooms 3

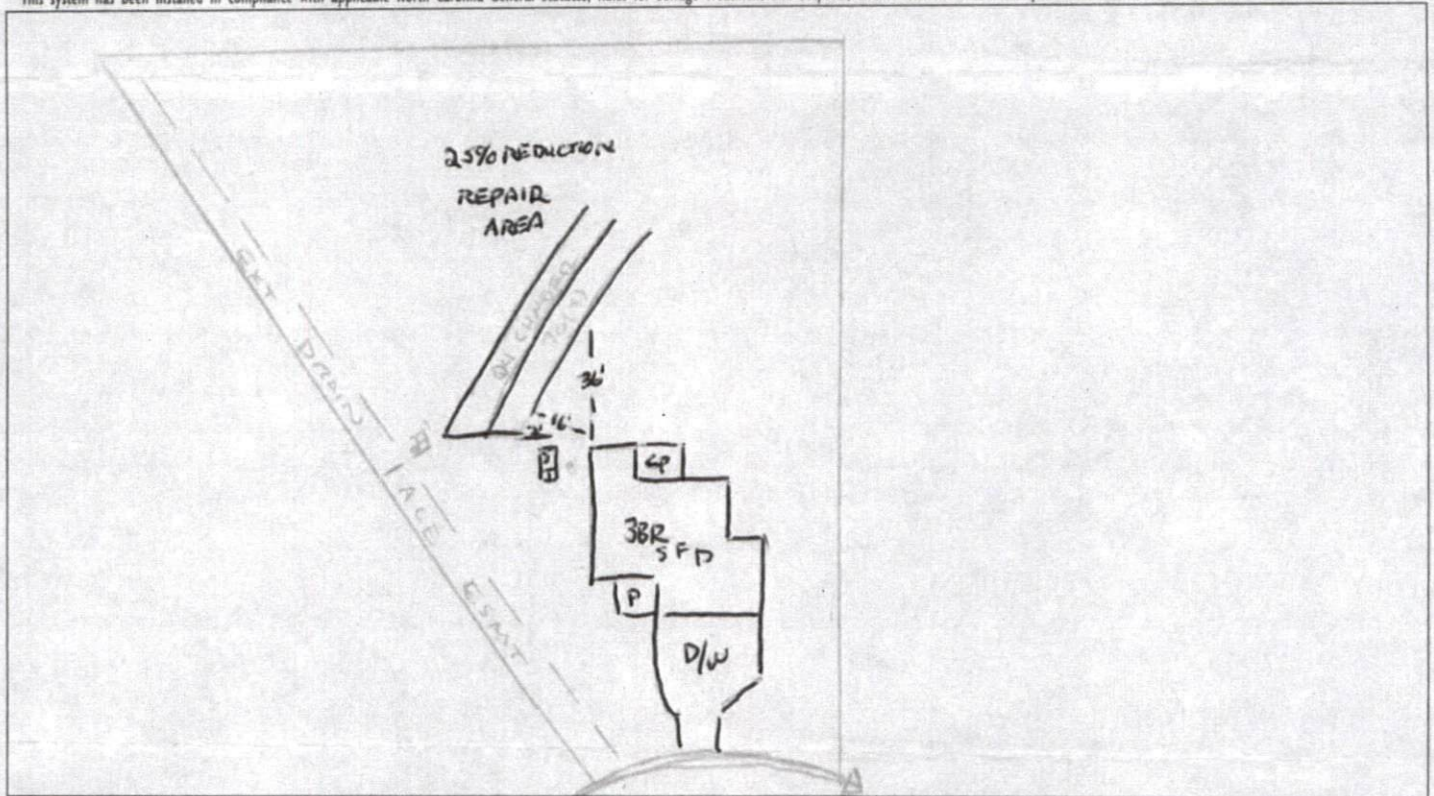
Type of Water Supply:  Community  Public  Well Distance from well no feet

System Type: 25% reduction sys IIIc Types V and VI Systems expire in 5 years.

(In accordance with Table V a)

Owner must contact Health Department 6 months prior to expiration for permit renewal.

This system has been installed in compliance with applicable North Carolina General Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization.



### PERMIT CONDITIONS:

- I. Performance: System shall perform in accordance with Rule .1961.
- II. Monitoring: As required by Rule .1961.
- III. Maintenance: As required by Rule .1961. Other: \_\_\_\_\_  
Subsurface system operator required? Yes  No   
If yes, see attached sheet for additional operation conditions, maintenance and reporting.

IV. Operation: \_\_\_\_\_

V. Other: \_\_\_\_\_

D-Box  Pump  Alarm  H2O Line  PWR Line

Following are the specifications for the sewage disposal system on the above captioned property.

Type of system:  Conventional  Other 64 Chamber IIIc Septic Tank: 1000 gallons Pump Tank: \_\_\_\_\_ gallons

Subsurface No. of exact length width of depth of  
Drainage Field ditches 3 of each ditch 70 feet ditches 3 feet ditches 24 inches

French Drain Required: \_\_\_\_\_ Linear feet

Authorized State Agent [Signature]

Date 02/20/2018

Application # \_\_\_\_\_

Harnett County Central Permitting  
PO Box 65 Lillington, NC 27546  
910-893-7525 Fax 910-893-2793 www.harnett.org/permits

\* Each section below to be filled out by whomever performing work. Must be owner or licensed contractor. Address, company name & phone must match information on license.

**Application for Residential Building and Trades Permit**

Owner's Name: Chardia + Andre Leafiang Date: 12/19/18  
 Site Address: 128 Reserve Dr Phone: 704-263-6732  
 Subdivision: The Reserve Lot: 7  
 Description of Proposed Work: Inground Pool 16x35

**General Contractor Information**

Anthony + Sylvan Pools Telephone: 704-525-1100 x4820  
 Building Contractor's Company Name  
9201 C Southern Pine Blvd Email Address: LtPoolPermits@yahoo.com  
 Address  
68766 License #

**Electrical Contractor Information**

Description of Work: Inground Pool Service Size: \_\_\_\_\_ Amps T-Pole:  Yes  No  
Harte Pool Wiring + Lighting Telephone: 919-605-3612  
 Electrical Contractor's Company Name  
7424 S NC 55 Hwy, Willow Spring Email Address: HartePoolWiringandLighting@gmail.com  
 Address  
30707 License #

**Mechanical/HVAC Contractor Information**

Description of Work \_\_\_\_\_  
 Mechanical Contractor's Company Name Telephone \_\_\_\_\_  
 Address Email Address \_\_\_\_\_  
 License # \_\_\_\_\_

**Plumbing Contractor Information**

Description of Work \_\_\_\_\_ # Baths \_\_\_\_\_  
 Plumbing Contractor's Company Name Telephone \_\_\_\_\_  
 Address Email Address \_\_\_\_\_  
 License # \_\_\_\_\_

**Insulation Contractor Information**

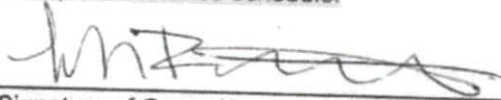
Insulation Contractor's Company Name & Address Telephone \_\_\_\_\_

**\*NOTE: General Contractor / owner must fill out and sign the second page of this application.**

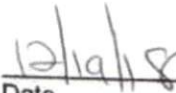


I hereby certify that I have the authority to make necessary application, that the application is correct and that the construction will conform to the regulations in the Building, Electrical, Plumbing and Mechanical codes, and the Harnett County Zoning Ordinance. I state the information on the above contractors is correct as known to me and that **by signing below I have obtained all subcontractors permission to obtain these permits** and if **any** changes occur including listed contractors, site plan, number of bedrooms, building and trade plans, Environmental Health permit changes or proposed use changes, I certify it is my responsibility to notify the Harnett County Central Permitting Department of any and all changes.

**EXPIRED PERMIT FEES** - 6 Months to 2 years permit re-issue fee is \$150.00. After 2 years re-issue fee is as per current fee schedule.



Signature of Owner/Contractor/Officer(s) of Corporation



Date

**Affidavit for Worker's Compensation N.C.G.S. 87-14**

The undersigned applicant being the:



General Contractor



Owner



Officer/Agent of the Contractor or Owner

Do hereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work set forth in the permit:



Has three (3) or more employees and has obtained workers' compensation insurance to cover them.



Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover them.



Has one (1) or more subcontractors(s) who has their own policy of workers' compensation insurance covering themselves.



Has no more than two (2) employees and no subcontractors.

While working on the project for which this permit is sought it is understood that the Central Permitting Department issuing the permit may require certificates of coverage of worker's compensation insurance prior to issuance of the permit and at any time during the permitted work from any person, firm or corporation carrying out the work.

Sign w/Title:



Permit Runner

Date:

